Effective October 1, 2000  CLAIMS AS ELLED - PART I													<b>2</b>
, CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAT					N.
TOTAL CLAIMS			15				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 355.00	OR	BASIC FEE	·710	0.00
TOTAL CHARGEABLE CLAIMS			) minus 20=		· i			X\$ 9=		OR	X\$18=  8.		5.05
INDEPENDENT CLAIMS			minus 3 =		2			X40=		OR	X80= 166.		. 00
ML	ILTIPLE DEPE	IDENT CLAIM P	RESENT		Ø			+135=		OR	+270=	.070	
• If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			ŗ	TOTAL		OR	TOTAL	TOTAL 458-00	
CLAIMS AS AMENDED - PART II											OTHER		
U	יריש	ກກ່ 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL					
ENT A		CLAIMS REMAINING AFTER AMENDMENT	PREVIO		BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
AMENDMENT A	Total	. 21	Minus	-2		.6		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MI	Minus JUTIPLE DEI	ENDENT	CLAIM	-0		X40=		OR	X80=		
										OR	+270=		
,	11	_			(	STOV	/ L	TOTAL		OR	YOTAL ADDIT, FEE	É	7
_/,	2/7/05			(Colun		(Column 3)	_						
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
	Total	. 18	Minus	- 8	<u> </u>	· 0		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	• 5 NTATION OF MIL	Minus JLTIPLE DEF	ENDENT	CLAIM		$\{ [$	X40=		OR	X80=	1	
	· · · · · · · · · · · · · · · · · · ·	<b>'</b> [	+135=		OR	+270=							
	•	A	TOTAL DDIT. FEE		OR	TOYAL ADDIT. FEE		Z					
		(Column 1)		(Colun		(Column 3)	۔ 1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
	Total	•	Minus	**		<b>=</b>		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		8	]	X40=			X80=		ᅱ
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		<b>!</b>			OR			$\dashv$
* If the entry in column 1 is less than the entry in column 2, write V in column 3.												·	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE												]	
		ber Previously Pai					er tour	rd in the ap	cod etshqorq	t in cot	umn 1.		

plication or Docket Number